



Challenge TB - Namibia

Year 2

Quarterly Monitoring Report October-December 2015

Submission date: January 30, 2016

Table of Contents

| | |
|--|-----------|
| 1. QUARTERLY OVERVIEW | 4 |
| 2. YEAR 2 ACTIVITY PROGRESS | 6 |
| 3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2 9 | |
| 4. SUCCESS STORIES – PLANNING AND DEVELOPMENT | 10 |
| 5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS | 11 |
| 6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS) | 13 |
| 7. QUARTERLY INDICATOR REPORTING | 15 |

Cover photo:

Patients and their relatives sitting under an outdoor waiting area. These are some of the structural modifications and renovations performed by KNCV through the OGAC-funded 3I's project which are now in good use (under CTB) for patients and their families. Courtesy of Sakaria Nehale, TB/HIV coordinator for Engela district.

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

| | |
|---------------------|---|
| Country | Namibia |
| Lead Partner | KNCV Tuberculosis Foundation |
| Other partners | Penduka TB, Project Hope, Namibia Red Cross Society |
| Work plan timeframe | October 2015 – September 2016 |
| Reporting period | October - December 2015 |

Challenge TB Namibia commenced in October 2015 and has been implementing activities approved for the period October to November and pre-approved activities for December 2015 and January 2016 while awaiting approval of the work plan covering January to September 2016 which has been submitted to USAID.

Approved activities for October-November included:

1. Supporting the conduct of Quarterly zonal meetings (activity 1.2.1)
2. Staffing and operations OGAC for CHWs, whose role is to ensure case finding and referral for community members with potential TB and HIV as well as treatment support for those with TB and/or HIV (activity 1.3.1)
3. Supporting the conduct of the 2nd TB/HIV Symposium (activity 7.2.1)
4. TA for conducting a DRS data cleaning and validation workshop (activity 10.2.1)
5. Assessment of TB and HIV in high burden correctional settings (activity 3.1.1)
6. Baseline assessment of high burden facilities including DOT containers managing TB for integration of HIV care (activity 3.2.1)

Pre-approved activities for December 2015 to January 2016 included:

7. Facility Site assessments (activity 3.2.6)
8. Monitoring of Contact Investigation (activity 4.1.3)
9. Support to the continuation of the multi sectoral National TB & Leprosy Steering Committee meeting (activity 8.1.1)
10. Support quarterly zonal TB/HIV review meetings (activity 10.1.6)

Most significant achievements:

- Completed TB/HIV treatment and prevention integration facility assessment - Challenge TB (CTB) Namibia in collaboration with the Ministry of Health and Social Services (MoHSS) conducted a TB/HIV treatment and prevention integration facility assessment from 16-27 November 2015. A total of 37 health care facilities from 4 target districts (Engela, Katima Mulilo, Oshakati and Windhoek) were assessed of which 12 were clinics, 9 DOT points, 8 health centers, and 8 hospitals. The findings revealed that a total of 543 new cases of TB were recorded in the month of October 2015. Of the 37 facilities visited, 17 sites were found to have five or more new cases of TB in the month preceding the assessment. With regards to HIV and TB/HIV, 423 and 210 patients were newly registered respectively. The data obtained provide the beginning of a mapping exercise of all health facilities in the CTB supported project areas, and identify sites which need to be supported by direct service delivery (DSD) or Targeted Assistance (TA). The data also provides the much needed baselines for continuous monitoring and evaluation of the project and the project sites over the coming years.
- Improved quality of DRS data - CTB Namibia spearheaded the data cleaning and validation for the recently completed second national Drug Resistance Survey with the assistance of a KNCV Data Management consultant (Nico Kalisvaart) in Windhoek from 19-23 October 2015. As a result of this exercise, the cleaned data was presented and analysed at a WHO multi-country DRS workshop in Geneva from 16–18 November 2015. Issues noted were the relatively high discordance on rifampicin resistance between the GeneXpert and conventional culture and drug susceptibility testing. This warranted auditing the GeneXpert printout, laboratory MIS and the DRS forms, and follow-up sequencing of the rpoB gene on stored isolates. Another issue identified was the relatively low prevalence of rifampicin resistance among both previously treated and new patients when compared to the first DRS 2009-2010. This warrants re-interviewing patients to validate the classification as new or treated before. The final report on DRS is expected in quarter 2 (Jan-March 2016).
- Improved TB data quality and use - This quarter CTB supported five routine quarterly zonal review meetings as planned. These meetings, whose aim is to improve data quality and use,

also provide an opportunity for orientation, information sharing and capacity building for new staff. CTB plans to improve outputs of these meetings in the future through active involvement of CTB staff (assigning one CTB staff to each of the five zones) to assist in compiling quarterly data for project improvement, and addressing any data-related challenges faced by the CTB supported areas, through this forum.

- Strengthened TB/HIV collaboration - In October 2015, CTB supported the second Namibia international TB/HIV symposium, which was attended by 186 registered participants (113F and 73M) from different sections of the medical community (such as 55 practicing nurses, 63 doctors/physicians, 11 pharmacists, 13 medical technologists/scientists, 7 local university lecturers, programme officers, etc.) and many other unregistered participants. This symposium brought together several technical partners, specialists in the field and implementers to share ideas on issues of TB and HIV care and prevention (such as the WHO End TB strategy; Directions and priorities for the integration of TB/HIV services; Updates from the IAS-Vancouver 2016 Conference, Preventive treatment for TB, Role of the Community in TB and HIV management, Diagnosing TB/HIV in children, local TB/HIV epidemiology, and local TB/HIV abstracts). As a result, participants got latest development in the literature, update on local guidelines and an opportunity to ask for clarifications from the experts. Because of this type of capacity building, it will make it easier to introduce CTB supported interventions in areas where these participants have influence.
- National TB research evidence/experience shared with international community - CTB Namibia provided technical assistance to regional health staff to prepare and submit abstracts to The UNION conference in Cape Town. To this end CTB supported two participants to attend the UNION Conference, hence strengthening information sharing with the rest of the world. These staff presented one oral presentation (Topic: Ambulatory versus hospital based treatment for MDR-TB: A comparison of treatment outcomes under programmatic conditions in Tsumkwe, Otjozondjupa Region) and one poster presentation (Topic: TB mass screening among inmates in the police holding cells and police officers in Opuwo district, Namibia). CTB was affiliated to both presentations.

Technical/administrative challenges and actions to overcome them:

- The facility assessment dates coincided with the National Immunization Days (NID) and also the National Assembly Election Day on 27 December 2015, which was declared a public holiday hence shortening the time available for the assessment in Katima Mulilo district. The team accelerated the pace of the assessment and completed the assessment despite this challenge.

2. Year 2 activity progress

Sub-objective 1. Enabling environment

| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone status | Milestone met? (Met, partially, not met) | Remarks (reason for not meeting milestone, actions to address challenges, etc.) |
|--|------------|--------------------|--------------|--------------|----------|---|--|---|
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Year end | Oct-Dec 2015 | | |
| Quarterly zonal meetings | 1.2.1 | 5 | 5 | 5 | 5 | 5 quarterly zonal review meetings were held | Met | |
| Recruitment (subcontracting to CBTBC) of 30 CHWs | 1.3.1 | 30 | 30 | 30 | 30 | | Not met | Draft contracts for CBTBC awaiting approval from USAID |

Sub-objective 3. Patient-centered care and treatment

| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone status | Milestone met? (Met, partially, not met) | Remarks (reason for not meeting milestone, actions to address challenges, etc.) |
|--|------------|--------------------|--------------|--------------|----------|---|--|---|
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Year end | Oct-Dec 2015 | | |
| Conduct assessment of TB and HIV in high burden correctional settings | 3.1.1 | 1 | | | | Data collection for the TB/HIV assessment in correctional settings started. | Partially met | The process will be completed during the next quarter. CTB will support compiling and review of the data, and development of MOU. |
| Conduct baseline assessment of high burden facilities including DOT containers managing TB for integration of HIV care | 3.2.1 | 1 | 1 | 1 | 1 | 1 baseline assessment of high burden DOT facilities done | Met | 37 Facilities assessed from four target districts. Final report expected by 28 th February 2016. |

| Sub-objective 4. Targeted screening for active TB | | | | | | | | |
|--|------------|--------------------|--------------|--------------|----------|------------------|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone status | Milestone met? (Met, partially, not met) | Remarks (reason for not meeting milestone, actions to address challenges, etc.) |
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Year end | Oct-Dec 2015 | | |
| Conduct mentorship / supervision visits on contact investigation | 4.1.3 | | | | | | Not met | This activity will take place after recruiting field staff for the CTB project; expected in the 2 nd quarter |

| Sub-objective 7. Political commitment and leadership | | | | | | | | |
|--|------------|--------------------|--------------|--------------|----------|---|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone status | Milestone met? (Met, partially, not met) | Remarks (reason for not meeting milestone, actions to address challenges, etc.) |
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Year end | Oct-Dec 2015 | | |
| Conduct TB/HIV Symposium | 7.2.1 | 1 | | | | The TB/HIV symposium was held in Ongwediva on 9-10 October 2015, CTB contributed the boarding costs of MoHSS participants from CTB supported regions. | Met | |

| Sub-objective 8. Comprehensive partnerships and informed community involvement | | | | | | | | |
|---|------------|--------------------|--------------|--------------|----------|------------------|--|---|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone status | Milestone met? (Met, partially, not met) | Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>) |
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Year end | Oct-Dec 2015 | | |
| Support to the continuation of the multisectoral National TB & Leprosy Steering Committee meeting | 8.1.1 | 1 | 1 | 1 | 1 | 1 | Partially met | This activity took place at the end of November 2015 and was facilitated by CTB. No expenses were made for this activity as it had not been budgeted for in the October-November 2015 budget. |

| Sub-objective 10. Quality data, surveillance and M&E | | | | | | | | |
|---|------------|--------------------|--------------|--------------|----------|--|--|--|
| Planned Key Activities for the Current Year | Activity # | Planned Milestones | | | | Milestone status | Milestone met? (Met, partially, not met) | Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>) |
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Year end | Oct-Dec 2015 | | |
| TA for conducting a DRS data cleaning and validation workshop | 10.2.1 | 1 | | | | The data cleaning and validation TA took place on 19-23 October as planned. 11 (6 females, 5 males) participated in the workshop to facilitate this activity | Met | DRS report expected in quarter 2 of APA2. |

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

| Name of grant & principal recipient (i.e., TB NFM - MoH) | Average Rating* | Current Rating | Total Approved Amount | Total Disbursed to Date | Total expensed (if available) |
|--|-----------------|----------------|-----------------------|-------------------------|-------------------------------|
| TB SSF phase 2 | A2 | A2 | 18,830.287 USD | 5,126,916.00 USD | 5,654,961.00 USD |

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Implementation is underway; currently the grant is rated at A2 (details will be provided by 19th January 2016).

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

CTB Namibia worked closely with the MoHSS and partners in supporting the preparation, write-up and submission of the reprogramming application to the Global Fund. The country director is a member of the CCM and the Resource mobilization subcommittee of the CCM and was involved in various meetings during the reprogramming process. CTB Namibia with support from USAID procured the services of an external consultant (Dr. Remi Verduin) who worked closely with the writing team to successfully submit the Reprogramming application to Global Fund before the deadline.

CTB will work with the MoHSS to recruit an administrative assistant who shall work closely with the National TB and Leprosy Program to ensure flawless implementation of the Global Fund grant from the TB side, starting in Quarter 2.

4. Success Stories – Planning and Development

| | |
|---|---|
| Planned success story title: | Currently no success story has been planned but we will start developing one in quarter 2 onwards, although we currently plan to build our story on IMPROVED TB/HIV COLLABORATION at all levels |
| Sub-objective of story: | 1. Enabling environment |
| Intervention area of story: | 1.4. Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment |
| Brief description of story idea: | Under TB CARE I, KNCV supported the ministry on procurement of 28 prefabricated containers stationed on various sites through the target districts mainly for use as sites for provision of DOT to TB patients. During assessments and supportive supervision, we note that not all these are optimally used. Options on how best to utilize the resources vary from increasing community awareness of their existence to increasing services provided at these very conveniently located points to include HIV care services such as medicine pick-up points and outreach services in general. |
| Status update: | Initial assessments are being done in four regions and more are to be conducted in future. Discussions with MoHSS at national and regional level are being done to explore more options to optimize TB/HIV collaboration. |

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

| Quarter | Number of MDR-TB cases detected | Number of MDR-TB cases put on treatment | Comments: |
|--------------|---------------------------------|---|---|
| Total 2010 | 222 | 222 | During the DRS in the 2 nd half of 2014 and 1st 4 months of 2015, an increase in the number of MDR cases was observed, owing to the universal DST applied to all patients with bacteriologically confirmed TB. After the DRS, a slight decline was expected and experienced due to the national guidelines not catering for universal DST (local resource limitations). CTB will advocate universal screening for rifampicin resistance by GeneXpert. |
| Total 2011 | 194 | 194 | |
| Total 2012 | 216 | 216 | |
| Total 2013 | 225 | 218 | |
| Total 2014 | 349 | 309 | |
| Jan-Mar 2015 | 90 | 84 | |
| Apr-Jun 2015 | 59 | 57 | |
| Jul-Sep 2015 | 82 | 78 | |
| Oct-Dec 2015 | 53 | 51 | |
| Total 2015 | 284 | 270 | |

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

| | | Reporting period | | | | | Comments |
|--|--|------------------|--------------|--------------|---------------|-------------------|---|
| | | Oct-Dec 2015 | Jan-Mar 2016 | Apr-Jun 2016 | Jul-Sept 2016 | Cumulative Year 2 | |
| Overall CTB geographic areas | TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i> | | | | | | National NTP data for the period Oct-Dec 2015 is currently being finalized at Zonal review meetings and will be available within a week. CTB conducted health facility TB and HIV care assessments in the three regions |
| | Zambezi region | 131 | | | | | |
| | Oshana region | 133 | | | | | |
| | Ohangwena district/region | 221 | | | | | |
| | Omusati region | | | | | | |
| | Otjozondjupa region | | | | | | |
| | Kavango region | | | | | | |
| | Khomas region | | | | | | |
| | Erongo region | | | | | | |
| | Karas region | | | | | | |
| | Oshikoto region | | | | | | |
| | | | | | | | |
| | TB cases (all forms) notified for all CTB areas | 485 | | | | | |
| | All TB cases (all forms) notified nationwide (denominator) | | | | | | |
| | % of national cases notified in CTB geographic areas | | | | | | |
| Intervention (setting/population/approach) | | | | | | | |
| Choose an item. | CTB geographic focus for this intervention | | | | | | |
| | TB cases (all forms) notified from this intervention | | | | | | |
| | All TB cases notified in this CTB area (denominator) | | | | | | |
| | % of cases notified from this intervention | | | | | | |

6. Challenge TB-supported international visits (technical and management-related trips)

| # | Partner | Name of consultant | Planned quarter | | | | Specific mission objectives | Status (cancelled, pending, completed) | Dates completed | Duration of visit (# of days) | Additional Remarks (Optional) |
|----|---------|---|-----------------|-----|-----|-----|---|--|-------------------|-------------------------------|---|
| | | | Q 1 | Q 2 | Q 3 | Q 4 | | | | | |
| 1 | KNCV | Jan Willem (PFM) or Kelly Schut (PO) HQ | | X | | | | Pending | | | |
| 2 | KNCV | Ellen-Jane, FO HQ | | X | | | | Pending | | | |
| 3 | KNCV | Romandi, SFM | | | | X | | Pending | | | |
| 4 | KNCV | Anna, FO | | | | X | | Pending | | | |
| 5 | KNCV | Abbas, Country Director | | X | | | | Pending | | | |
| 6 | KNCV | Ruswa, PMDT | | X | | | | Pending | | | |
| 7 | KNCV | M&E Officer | | X | | | | Pending | | | |
| 8 | KNCV | Operations Manager | | X | | | | Pending | | | |
| 9 | KNCV | Abbas, Country Director | X | | | | Participate in The Union Conference Cape Town | Complete | 2-6 December 2015 | 7 days | |
| 10 | KNCV | NTLP Manager | X | | | | Participate in The Union Conference Cape Town | Complete | 2-6 December 2015 | 7 days | Instead of the NTLP manager, MoHSS requested CTB to pay for the DR-TB clinical coordinator (Dr N Ruswa) who is seconded to the NTLP . |
| 11 | KNCV | KNCV Namibia staff (3 staff members) | | | | X | | Pending | | | |
| 12 | KNCV | Nico Kalisvaart | | | | X | | Pending | | | |
| 13 | KNCV | Max Meis | | | | X | | Pending | | | |

| | | | | | | | | | | | |
|---|------|-----------------------|---|---|---|--|--|----------|-------------------------------------|--------|--|
| 14 | KNCV | KNCV Consultant (TBD) | | | X | | | Pending | | | |
| 15 | KNCV | External Consultant | | | X | | | Pending | | | |
| 16 | KNCV | Nico Kalisvaart | X | | | | Cleaned the DRS data with reference to hard copies of the DRS forms Conducted the initial analysis and validation of the draft TB DRS database to ensure the validated TB DRS database is available for further analysis. | Complete | 17-25 th October 2015 | 8 days | |
| 17 | KNCV | Eveline Klinkenberg | | X | | | | Pending | | | |
| 18 | KNCV | Eveline Klinkenberg | | | X | | | Pending | | | |
| 19 | KNCV | NTP staff | X | | | | | Pending | | | |
| 20 | KNCV | Max Meis, TFP HQ | | X | | | | Pending | | | |
| Total number of visits conducted (cumulative for fiscal year) | | | | | | | | 3 | | | |
| Total number of visits planned in approved work plan | | | | | | | | 20 | | | |
| Percent of planned international consultant visits conducted | | | | | | | | 15% | | | |

7. Quarterly Indicator Reporting

| Sub-objective: | 1. Enabling Environment | | | | | |
|---|-------------------------|-------------------------|----------------------|--------------------|-------------------|---|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 1.1.1. % of notified TB cases, all forms, contributed by non-NTP providers (i.e. private/non-governmental facilities) | Sector (Prison, Mining) | annually | 9,882 (2014) | | Measured annually | Sector specific data for non-NTP providers is not available. This number is from the NTLP |
| 1.4.1. One or more components of the patient-centered approach are adopted into routine practice/policy | n/a | annually | Yes | Yes | Measured annually | |
| | | | | | | |

| Sub-objective: | 2. Comprehensive, high quality diagnostics | | | | | |
|--|--|-------------------------|----------------------|--------------------|-------------------|--|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions. | n/a | annually | 1 | 1 | Measured annually | |
| 2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result. | New, Previously treated | annually | n/a (Q3) | 80% | Measured annually | Currently this data is not available routinely. In the future, periodic assessments will provide this data, while strengthening the routine system to make it available. |
| 2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality | | annually | 32/32 (2014) | 32 | Measured annually | |

| Sub-objective: | 2. Comprehensive, high quality diagnostics | | | | | |
|---------------------------|--|-------------------------|----------------------|--------------------|-----------------|----------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| Management System (LQMS). | | | | | | |

| Sub-objective: | 3. Patient-centered care and treatment | | | | | |
|---|--|-------------------------|----------------------|--------------------|-------------------|--|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach | Setting | quarterly | 9,882 (2014) | | Not available yet | Disaggregated data will be available at the end of APA 2 |
| 3.1.2. #/% of cases notified (new confirmed) | | quarterly | | | Not available yet | This data will be available by 28 th of February 2016 |
| 3.1.3. Case notification rate | n/a | annually | 449/100,000 (2014) | | Measured annually | |
| 3.1.4. Number of MDR-TB cases detected | National | quarterly | | | 53 | |
| 3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.). | Setting | annually | 85% (2014) | | Measured annually | Disaggregated data will be available in APA 3, for patients registered in a disaggregated format in APA 2. |
| 3.2.2. Treatment success rate for pediatric TB patients | | annually | Baseline in Yr. 2 | | Measured annually | |
| 3.2.4. Number of MDR-TB cases initiating second-line treatment | Nationally | quarterly | | | 51 | |
| 3.2.7. Number and percent of MDR-TB cases successfully treated | CTB districts | annually | 68% (2014) | 70% | Measured annually | |

| Sub-objective: | 3. Patient-centered care and treatment | | | | | |
|--|--|-------------------------|----------------------|--------------------|-------------------|--|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 3.2.10. #/% of planned cohort reviews conducted | | annually | 5 (100%) | 20 | Measured annually | |
| 3.2.11. % of HIV+ registered TB patients given or continued on CPT during TB treatment | CTB districts | quarterly | 98% (2014) | 100% | Not available yet | This data will be available by 28 th of February 2016 |
| 3.2.12. % of HIV-positive registered TB patients given or continued on anti-retroviral therapy during TB treatment | CTB districts | quarterly | 84% (2014) | 95% | Not available yet | This data will be available by 28 th of February 2016 |
| 3.2.13. % TB patients (new and re-treatment) with an HIV test result recorded in the TB register | CTB districts | quarterly | 92% (2014) | 95% | Not available yet | This data will be available by 28 th of February 2016 |
| 3.2.19. Treatment success rate of TB patients diagnosed in prison | CTB districts | quarterly | n/a (Q4) | 85% | Not available yet | This data will be available by 28 th of February 2016 |
| 3.2.14. % of health facilities with integrated or collaborative TB and HIV services | CTB districts | annually | Baseline in Yr. 2 | n/a | Measured annually | |
| | | | | | | |

| Sub-objective: | 4. Targeted screening for active TB | | | | | |
|--|-------------------------------------|-------------------------|----------------------|--------------------|-------------------|--|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 4.1.1. #/% of eligible index cases of TB for which contact investigations were undertaken | n/a | quarterly | Baseline in Yr. 2 | 50% | Not available yet | This data will be available by 28 th of February 2016 |
| 4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB | n/a | quarterly | Baseline in Yr. 2 | 50% | Not available yet | This data will be available by 28 th of February 2016 |

| Sub-objective: | 4. Targeted screening for active TB | | | | | |
|--|-------------------------------------|-------------------------|----------------------|--------------------|-------------------|--|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 4.2.2. # of high risk persons screened for TB (stratified by applicable risk groups) | sex | quarterly | Baseline in Yr. 2 | TBD | Not available yet | This data will be available by 28 th of February 2016 |

| Sub-objective: | 5. Infection control | | | | | |
|--|----------------------|-------------------------|----------------------|--------------------|-------------------|---|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services) | | annually | Baseline in Yr. 2 | 1 | Measured annually | |
| 5.1.4. % of TB service delivery sites in a specific setting (ex, prison-based, hospital-based, private facility) that meet minimum infection control standards | | annually | n/a (Q4) | 60% | Measured annually | |
| 5.2.1. Status of TB disease monitoring among HCWs | | annually | 0 | 1 | Measured annually | |
| 5.2.3. Number and % of health care workers diagnosed with TB during reporting period | | annually | 51 (2014) | TBD | Measured annually | Setting a target for this indicator will depend on the annual figure we get at the end of Year 2. Ideally we would like to set the target at zero (0), but this depends on trends observed over a considerable period. The denominator will be a census of all health care workers in Namibia |

| Sub-objective: | 6. Management of latent TB infection | | | | | |
|--|--------------------------------------|-------------------------|----------------------|--------------------|-------------------|---|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 6.1.11. Number of children under the age of 5 years who initiate IPT | | quarterly | Baseline in Yr. 2 | TBD | Not available yet | This data will be available at the end of APA 2, after reporting starts during APA 2. |

| Sub-objective: | 7. Political commitment and leadership | | | | | |
|---|--|-------------------------|----------------------|--------------------|-------------------|----------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 7.1.2. Status of NSP development: 0=The NSP is expired or not being implemented; 1=An updated/new NSP is being drafted; 2=NSP has been developed and costed; 3=NSP has been finalized, endorsed by the government and implemented | n/a | annually | 2 (2015) | 3 | Measured annually | |
| 7.2.3. % of activity budget covered by private sector cost share, by specific activity | n/a | annually | Baseline in Yr. 2 | TBD | Measured annually | |

| Sub-objective: | 8. Comprehensive partnerships and informed community involvement | | | | | |
|---|--|-------------------------|----------------------|--------------------|-------------------|----------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 8.1.3. Status of National Stop TB Partnership | n/a | annually | 1 | 2 | Measured annually | |
| 8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources | | annually | n/a | TBD | Measured annually | |
| 8.2.1. Global Fund grant rating | n/a | annually | B1 (2015) | 1B | Measured annually | |

| Sub-objective: | 9. Drug and commodity management systems | | | | | |
|--|--|-------------------------|----------------------|--------------------|-----------------|---|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district) | 1st and 2nd line | quarterly | 2 (2014) | 0 | 0 | Currently this is not being directly supported by CTB, this report is based on the MoHSS' own reports. In the future, CTB field staff will be requested to monitor this in CTB supported areas. |

| Sub-objective: | 9. Drug and commodity management systems | | | | | |
|---|--|-------------------------|----------------------|--------------------|-------------------|----------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 9.2.1. # of new and ancillary drug regimens that have become available in country since the start of Challenge TB | n/a | annually | n/a | 3 | Measured annually | |

| Sub-objective: | 10. Quality data, surveillance and M&E | | | | | |
|---|--|-------------------------|----------------------|--|-------------------|----------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 10.1.1. #/% of PMDT sites reporting consistently via the ERR | | annually | 4 (2014) | 13 | measured annually | |
| 10.1.2. #/% of eligible health facilities reporting TB data in real time or at least quarterly via the ERR | | annually | Baseline in Yr. 2 | 80% | measured annually | |
| 10.1.4. Status of electronic recording and reporting system | | annually | 1 (2014) | 2 | measured annually | |
| 10.2.2. Prevalence survey conducted/completed in the last three years | | annually | No (2015) | No (DPS may be conducted in 2017) | measured annually | |
| 10.2.3. DR-TB surveillance survey conducted/completed in the last 5 years | | annually | Yes | Yes | measured annually | |
| 10.2.4. #/% of operations research, evaluation or epidemiological assessment study results disseminated (stratified by level of dissemination: report, presentation, publication) | Level of dissemination | annually | n/a (Q4) | 6 OR studies to be completed by Sep 2016 | measured annually | |
| 10.2.6. % of operations research project funding provided to local partner (provide % for each OR project) | | annually | 0% (2014) | TBD | Measured annually | |

| Sub-objective: | 10. Quality data, surveillance and M&E | | | | | |
|---|--|-------------------------|----------------------|--------------------|-------------------|----------|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach) | | annually | Yes (2014) | Yes | Measured annually | |
| 10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented | | annually | No (2015) | No | Measured annually | |

| Sub-objective: | 11. Human resource development | | | | | |
|---|--------------------------------|-------------------------|----------------------|--------------------|---|--|
| Performance indicator | Disaggregated by | Frequency of collection | Baseline (timeframe) | End of year target | Results to date | Comments |
| 11.1.2. % of planned supervisory visits conducted (stratified by NTP and Challenge TB funded) | n/a | quarterly | 50% (2014) | 80% | 100% (NTP, No CTB funded visits) | |
| 11.1.3. # of healthcare workers trained, by gender and technical area | n/a | quarterly | 321 (2014) | 315 | 134 community cadres trained by the NTP (98 lifestyle ambassadors on community awareness for TB; 36 community TB care providers on TB guidelines) | No CTB funding for any trainings this quarter No gender disaggregation available for the said trainings |
| 11.1.5. % of USAID TB funding directed to local partners | n/a | annually | 6.3% (2014) | TBD | Measured annually | |

